

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. I.

LOUISVILLE, JUNE 24, 1876.

No. 26.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The Association met according to programme, ran its four-days' course, and adjourned. The retiring president, in his final speech, reviewed its actions, and declared for them an important chapter in the history of American medicine. This will not be very apparent to such as read the reports of the meeting as they now stand. Possibly the "Transactions" may reveal something further. The delegation present was large, but the attractions of the Centennial, of course, interfered with work. This was most apparent at the sections, where the scientific element of the Association is supposed most to dwell.

It will be seen that the address of the president contains some radical-views upon questions of interest to the profession. He doubts the efficacy of the Code of Ethics, and asks why physicians may not have the privilege of patenting their inventions in the way of instruments. The main body of the address was taken up with the discussion of syphilis. It would be manifestly unfair to criticise the address from the meager reports which have as yet appeared; but when Dr. Sims' full say can be heard by the body of the profession, it must, of course, provoke considerable discussion.

The Convention of the Medical Colleges did not bring their matters before the Association, but the school question was sprung from an unexpected quarter. The Medical Association of Victoria presented a pertinent communication regarding the status of a number of bogus "graduates" from the United States, with which the colony

of Victoria was infested, and asked the American Association to furnish it with a list of recognized colleges in this country. One account has it that the communication was referred to the Judicial Council, another that it was laid on the table. The matter caused so much fright and commotion that the reporters were excusable for any inaccuracies regarding it.

The affairs of the University of Michigan were referred to the Judicial Council, to be reported on next year. The question which it is to decide is, What constitutes "aiding and abetting" in the manufacture of irregular practitioners? If the council decides that the Medical Department of the University is so engaged, the board of regents is to do whatever is necessary to place the Medical Department in perfect accord with the National Association and the profession generally. The Michigan parties met at the Association with the expected fraternal feeling.

A communication was received from the American Pharmaceutical Association, asking the Medical Association to come to an understanding with pharmacists in regard to the compounding of dangerous medicines. The communication was marked with the usual good sense which characterizes the actions of the Pharmaceutical Association, and was referred to an appropriate committee.

There was the exhibition of the plaster-of-paris works (this time with a vote of thanks), as has happened heretofore when the Association met in the provinces. We are glad Philadelphia got its share. The thing is not exactly new, but the Centennial City contains a number of Froissarts in surgery (and

medicine) who ought to be much obliged for instruction not positively prehistoric.

The closing scenes of the Association were marked with the usual amount of good feeling. South Carolina shook hands again with Massachusetts amidst shouts of applause, and causing tears of joy to spring from a North Carolina delegate.

About the best thing the Association did was to elect Dr. Bowditch president for the next year. The profession generally will hail with delight the selection of this distinguished representative of American medicine for the chief place in its great deliberative body.

Original.

PAPILLARY CONJUNCTIVITIS—TRACHOMA.

BY M. F. COOMES, M. D.,

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This is the affection commonly known as "granular ophthalmia" or "granular lids." The appellation is neither applicable nor descriptive: first, because trachoma and papillary hypertrophy are pathologically and apparently two distinct diseases; the causes of the two are different, and likewise the treatment must differ in some respects. The two may exist at the same time and in the same locality, or they may occur separately; but it frequently happens that they are associated; this, I think, is the case oftener than otherwise. There can be no such thing as granulation without a breach of continuity. Hence the absurdity of calling papillary hypertrophy of the conjunctiva "granular lids;" because from first to last there is no breach of continuity unless it is produced by some direct force which is not exercised by the disease—that is, some traumatic force. The application of some powerful caustic agent—as strong solutions of nitrate of silver, etc.—will also destroy the tissues; then it is possible that there might be a true granular surface.

The appearances presented by an hyper-

trophied papillary membrane and a true granulating surface are just about as unlike as any two things could well be, when scientifically considered. The process of granulation occurs in open surfaces, that of hypertrophy in structures without any breach of continuity. Hypertrophy is a pathological change in which there is an increase in the amount of the normal structures, while granulation is the process by which certain tissues of the body that have been destroyed are repaired. Hypertrophy is always an abnormal physiological action, while granulation is a normal pathological action.

The hypertrophied conjunctiva is free from pus; while a true granulating surface will be bathed in a purulent or muco-purulent fluid. The granular surface, as a rule, is moist, the hypertrophied dry; granular surface of the lid free from any complication, hypertrophied surface of lid frequently complicated with trachoma; hypertrophy a secondary disease, granulation a primary affection; granular ophthalmia the result of traumatic injury, hypertrophy an idiopathic affection; papillary hypertrophy a very common disease, granular ophthalmia a very rare affection, almost never occurring.

Trachoma expresses nothing more nor less than a rough condition of the conjunctival membrane. The term is used synonymously with that of papillary hypertrophy ("granular lids") by most authors. The resemblance between trachoma proper and papillary hypertrophy is very slight. True, there is a roughened surface in both, but the character of the elevations is entirely different; one having the appearance of frog-spawn or rice-grains, and the other that of so many little fleshy rods with ends projecting at different heights above the surface.

In trachoma there is an increase in the connective tissue cells, and by their increase they accumulate and present the appearance of frog-spawn or rice-grains, as described by most authors. There is an accumulation of neoplastic material in either condition. The bodies which present the

appearance of frog-spawn are of a gelatinous character, and most frequently found in the retrotarsal fold.

"There is a great similarity between the true trachomatous bodies and the growths resembling frog-spawn. The difference is that there is not such a luxuriance in the cell-proliferating process, and not so great a collection of intercellular substance, having more of a gelatinous than a plastic character." *

From the above it will be seen that the two forms of trachoma described are almost alike, or that it is the same disease at different stages of development. The differentiation between trachoma and papillary hypertrophy may be briefly summed up as follows: Papillary hypertrophy is confined to the palpebral conjunctiva and retrotarsal fold; trachoma may and does frequently extend down upon the scleral and corneal conjunctiva. Trachoma is a primary disease; papillary hypertrophy a secondary affection. Papillary hypertrophy almost always results from some purulent affection; trachoma is frequently caused by malaria, and occurs in many instances without any apparent cause. Vitiating atmosphere is certainly a very prolific cause, as it is more frequently met with in the lower walks of life, where there are a number of individuals crowded together in basements, barracks, jails, etc. This is the class of individuals which are by far most frequently affected. Papillary hypertrophy has no choice in the selection of its subjects, but is not so frequently found in these crowded resorts as trachoma. Trachoma is more often met with in the adult. There is a certain form of vesicular trouble that has been supposed to result in trachoma; but this is mere conjecture, as no one has ever observed the change.

Most authors speak of contagion as being one of the most fruitful sources of this affection. I think it questionable whether or not contagion has any thing to do with the propagation of trachoma. Trachoma is not a parasitic affection, and there are no pus-

cells found in the trachomatous bodies at any time; hence it would seem to be a matter of impossibility for contagion to have any thing to do with the propagation of the disease. There is pus present in almost all cases of trachoma; it does not proceed from the trachomatous bodies, but the surface of the conjunctiva. This pus may in all probability produce an affection which might possibly place the membrane in a more favorable condition for the development of trachoma; but I can see no more reason for believing that trachoma is contagious than there is for supposing that intermittent fever is communicable.

There can be no doubt about the fact that trachoma is in the majority of instances due to some morbid agent which impregnates the atmosphere in the localities where it prevails.

Most observers are of opinion that papillary hypertrophy is a secondary affection, and that it follows the purulent and muco-purulent diseases of the conjunctiva. I think it more proper to consider it a result than a disease, as it seldom occurs without having been preceded by some form of conjunctival inflammation. Blepharospasm may cause the development of the disease, and likewise papillary hypertrophy may be and is a frequent cause of blepharospasm. The complications of papillary ophthalmia are not numerous. Phlyctenular ophthalmia is a frequent concomitant. Keratitis, with extensive ulceration of the cornea, trachoma, etc., may be mentioned as the most frequent complications.

Results: trichiasis, entropion, ectropion, corneal opacities, permanent cicatrices in the lining membrane of the eyelids, permanent thickening of the lids, atrophy, total destruction of the cornea, symblepharon, destruction of the tarsal cartilage, with almost complete loss of meibornian glands; last of all, partial or complete loss of vision; and it must be remembered that the two last-mentioned results are the most common, if the disease is not properly treated. These are among the most important permanent

*Stellwag on Nosology of Conjunctiva, page 289.

results, while there are many minor and temporary results that are very distressing. The results of trachoma are about the same as those of papillary hypertrophy.

There may be an inquiry made wanting to know why it is that two diseases that are apparently and pathologically so different as trachoma and papillary hypertrophy should produce the same sequelæ. The prime reason is that in both forms there is a roughened condition of the palpebral portion of conjunctiva, which must necessarily produce the same sequelæ. No difference what causes the inequality of the surface, keratitis, ulceration of the cornea, etc., are liable to be produced by the continual friction which is kept up between the lid and surface of the cornea. The routine plan of treatment practiced by the majority of physicians accounts to a great extent for the similarity of sequelæ.

The prognosis of papillary hypertrophy and trachoma is favorable if the proper course of treatment is carried out—that is, nearly every case will recover with good vision; but unfortunately this is rarely ever done, and it is an established fact that improper treatment is worse than no treatment. The older authors upon the treatment of these two diseases, and the majority of the recent ones, made no distinction, and recommended similar treatment for both. With the majority of them nitrate of silver seems to be the sheet-anchor; then sulphate of copper, lead solutions and powders, and a few advocate the use of the liquor potassæ, undiluted, red precipitate, chromic acid; and lastly, the excision of the papillæ with scissors, and scarification of the membrane. This last plan of treatment has almost gone out of use, and should never be resorted to under any circumstance, because it must leave a cicatrix, which will do the patient more or less injury.

The lead salts should never be used under any circumstance where there is an abrasion of the cornea. Chromic acid, if ever, should only be used by one who is thoroughly acquainted with what he is doing, as it is a very powerful agent, and the least improper

movement in its application would destroy vision. I think it may be well dispensed with in the treatment of diseases of the conjunctiva. The liquor potassæ possesses no advantage over many other agents, and may also be excluded. Nitrate of silver is the one agent above all others that is to be excluded in the treatment of any and all diseases of the conjunctiva, and yet there is no other more frequently recommended. Why it is advised I can not understand, because the very men who are its most earnest advocates are ample in their details of its evil results. I can see no excuse for using it when there are other agents which, if properly used, will accomplish all that is desirable; and it does seem to me that any physician who makes use of an agent that is liable, partially or completely, to destroy vision should be held strictly accountable for such injury.

The treatment of these affections should be both local and constitutional. First and most important of all is the removal of the cause. If the surroundings of the patient are not good, they should be made so by change of locality, diet, etc. If blepharospasm is present, it should be relieved by canthoplasty. This is a very important feature in most cases, and if neglected may prove fatal to the patient's vision. There are many cases of papillary ophthalmia and trachoma that will yield to no other treatment; for so long as spasm of the orbicularis palpebrarum muscle exists, so long must an active cause exist for the production of abrasions that are likely to lead to permanent opacities of the cornea.

Dr. D. S. Reynolds, of this city, gave the first accurate description of the operation as it should be performed, which will be found in the American Practitioner for June, 1872, and October, 1873. Prof. Agnew, of New York, has since that time described the same operation, which is useless unless done in the proper manner. This, however, is rarely done, because most of the works on surgery and ophthalmology direct the division of the external commissure to be made on a hori-

zontal line, while it should be on a line continuous with the free border of the lower lid, which will run between thirty-five and forty degrees above the horizontal plane. The reasons for performing the operation in this peculiar manner are based upon anatomical facts.

Among the local agents sulphate of copper stands first in rank. It should be used in the form of a saturated solution every other day, or every three or four days. Where the papillæ are very much enlarged and present a succulent appearance, powdered tannin rubbed into the chinks between the papillæ every third day proves beneficial. A thirty-grain solution of carbolic acid applied to the everted lid with a camel's-hair brush will sometimes diminish the papillæ very rapidly. It does not destroy the tissues, and meets the demand in those cases where the nitrate of silver is supposed to be indicated.

It should be remembered that trachoma depends upon some morbid agent in the atmosphere. The removal of patients from such localities is of the greatest importance. Quinine in full doses plays an important part in the treatment; in fact, it seems to be indispensable.

LOUISVILLE.

TWENTY-SEVENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The Association met at Horticultural Hall, Philadelphia, Tuesday, June 7th, and was called to order at eleven o'clock A. M. by Dr. Wm. Pepper, chairman of the Committee of Arrangements. A prayer was then offered by the Rev. Dr. Beadle, after which Dr. W. K. Bowling, of Kentucky, introduced the president-elect, Dr. J. Marion Sims, of New York. The latter was supported by the following officers of the Association: vice-presidents, Drs. Sam. Lilly, of New Jersey; Ninian Pinckney, U. S. N.; and S. D. Seelye, of Alabama; Dr. W. B. Atkinson, secretary; and Dr. R. W. Dunglison, assistant secretary.

Dr. Pepper, on behalf of the Committee of Arrangements, delivered an address of welcome to the delegates, in which he referred to the attractive medical features of Philadelphia, its sanitary resources, its medical schools and organizations, concluding with

a resolution inviting the following gentlemen to seats upon the platform: Surgeon-general William Roth, Twelfth Corps (Royal Saxon) German Army, and staff, viz., Assistant-surgeon Hans Heymann, Twelfth Corps (Royal Saxon) German Army, and Dr. Max Brille, Dresden, Germany. Members by invitation: Dr. Wywoodzoff, of St. Petersburg, of the Russian Commission; Le Docteur Gaffray, representative of the Paris Press to the Exposition; Surgeon-general J. K. Barnes, U. S. Army.

The reading of the roll of registered delegates was dispensed with after some discussion, when the secretary read a letter from Dr. William O. Baldwin, late president of the Association, regretting his inability to be present.

ADDRESS OF THE PRESIDENT—HISTORICAL REMINISCENCES—MEDICAL EDUCATION—THE CODE OF ETHICS AND MEDICAL PATENTS—STATE MEDICINE—THE PREVENTION OF PROSTITUTION.

The president, Dr. J. Marion Sims, of New York, then read his inaugural address.

After congratulating the delegates on the privilege of meeting in Philadelphia, in the Centennial year, and joining in the Centennial celebrations, the speaker said that they were standing on hallowed ground—hallowed because the birth-place of a nation. A century was a brief period in the history of nations, but in that time we had increased from three millions to more than forty millions of people, and had made our mark in science and letters. Although the organization of the Association was conceived in New York, its actual birth-place was in Philadelphia, twenty-nine years ago, its first scientific meeting being in Baltimore in 1848. Formed mainly for the purpose of improving the medical educational interests of America, it had exerted some influence in the direction intended. Although it had failed to meet the ardent expectations of its projectors, it had nevertheless vindicated its claims to the rank of the representative medical body of the country. It was not, however, due to any want of disposition to effect reforms in medical education that not more was effected. In fact, it had engaged the attention of the Association at every meeting since its formation, and volumes had been written on the subject. Dr. Wm. O. Baldwin, of Alabama, president of the Association in 1869, in his inaugural address had ably set forth the defects of the present method of medical education, and had proposed as a remedy the establishment of a great national university, under government auspices, at the capital. If the large sum necessary for such a university could be obtained from the government its graduates would doubtless rank with those of the best foreign universities. He had felt greatly interested in Dr. Baldwin's scheme and had been anxious to see it carried out. To this end he had consulted some of

the wisest and ablest educationists in the country, and had also taken counsel with some of the great political leaders of the day; but he regretted to say that he had found so little sympathy with the project that he had been unwillingly forced to let the subject rest in abeyance for the time being. The Harvard method, with a salaried faculty wholly independent of fees from students, was, in his opinion, the only plan by which a medical degree of any real value could be gained. Five or six hundred thousand dollars given to the medical department of the University of New York, or to either of the schools of New York or Philadelphia, properly invested, would yield an annual income sufficient to endow the professorships in said school. This would make the professors independent, and they would not be compelled to graduate young men merely for the sake of the numbers graduated, irrespective of qualification. The University of Virginia was, perhaps, the best training-school in the country, but unfortunately its want of hospital advantages crippled its practical teaching.

In speaking of the practical application of the provisions of the Code of Ethics he doubted if the latter were wholly up to the present requirements. For instance, he questioned the wisdom of preventing medical patents. He asked why any man should be debarred from taking out a patent for a useful invention merely because he happened to be a physician. Did the profession at large, or did the public, derive any benefit by the robbery of the inventor? None whatever. He was simply compelled to give his invention, time, and labor to the instrument maker.

Again, the Code of Ethics was violated every day, either willfully or ignorantly, not only by the rank and file, but by men high in the profession; men who were considered leaders, advanced thinkers, and workers. How many of those present prescribed chlorodyne, McMunn's elixir of opium, Henry's calcined magnesia, and the Tolu anodyne? Yet they were secret remedies. The prescription of all such remedies was a flagrant violation of their Code of Ethics. But they seemed to condone the act because usage and interest justified it.

The subject of state medicine was next touched upon as one of the greatest importance, and he remarked that the address of Dr. Bowditch, foreshadowing the practicability of inaugurating a movement for the establishment of a National Health Bureau, commended itself to the attention of the members so far as the initiatory formation of state boards of health was concerned.

In conclusion, he alluded to the vexed question of legislation against syphilis and prostitution, condemning the legalization of the latter, and advising all the matters connected with the spread of the disease to be handed over to the health boards.

MISCELLANEOUS BUSINESS.

After a vote of thanks had been tendered for the address, Dr. Pepper then announced that the medical building, directly behind the judges' hall, in the Landsdowne Ravine, would be used as a place of rendezvous for physicians visiting the centennial.

The times and places of meeting of the sections were next announced.

Dr. Toner, of Washington, moved that ten o'clock on Wednesday be set apart for the reading of the Address on Surgery.

Dr. Toner called upon the secretary to read the list of the reports to be presented, which was done. A motion was then made to adjourn until three o'clock, and at the same time an effort was made to change the place of meeting to some other hall, but without success. The meeting then adjourned to nine o'clock on Wednesday.

EVENING ENTERTAINMENT.

During the evening the members accepted the invitation of the Committee of Arrangements to a grand promenade concert and supper at Horticultural Hall. The attendance was large and the occasion enjoyable to all.

SECOND DAY, WEDNESDAY, JUNE 7.

COMMITTEE ON NOMINATIONS.

The meeting was called to order by the president pursuant to previous adjournment.

The following Committee on Nominations was appointed:

Alabama, L. B. Sulze; Arkansas, Geo. T. Hood; California, W. Baker; Connecticut, A. Woodward; Delaware, W. Marshall; District of Columbia, J. Elliott; Florida, G. W. Betton; Georgia, J. P. Logan; Indiana, L. Humphrey; Illinois, T. D. Washburne; Iowa, W. Watson; Kentucky, H. M. Skillman; Kansas, C. V. Mattson; Michigan, A. S. Heaton; Massachusetts, A. B. Hall; Minnesota, E. C. Cross; Maryland, Thos. F. Latimer; Maine, A. B. Snow; Missouri, John T. Hodgen; Mississippi, Wm. Camp-ton; New Hampshire, J. L. Swett; New York, N. C. Husted; New Jersey, S. Lilly; North Carolina, E. Grissom; Ohio, W. J. Scott; Pennsylvania, Traill Green; Rhode Island, L. C. Butler; South Carolina, James McIntosh; Tennessee, John H. Callender; Texas, E. Darnell; Vermont, W. D. Holton; Virginia, J. S. Wellford; West Virginia, J. C. Hupp; Wisconsin, H. P. Strong; U. S. Army, J. R. Smith; U. S. Navy, A. L. Gihon.

The Judicial Council reported that they had decided that the delegates from the Arkansas State Medical Society were entitled to recognition.

NATURAL PURIFIERS—WATER SUPPLY AND SEWER-AGE.

Dr. R. C. Kedzie, of Lansing, Mich., read a paper with the above title. He contended that the condi-

tions of water and air were the main if not the only ones upon which the discussion of his subject rested, but the purifier *par excellence* was oxygen.

In conclusion the gentleman offered the following resolutions, which were adopted:

Resolved, That it is the first duty of states and municipalities—first in importance, and first in the order of time—to make a sanitary survey of the water supply to preserve it against all unnecessary and avoidable contamination.

Resolved, That no municipality should introduce a water system without at the same time providing a corresponding and extensive sewer system.

Doctors Wilhelm Hiorth and H. G. Holst, Medical Directors, Christiania, Sweden, were made members by invitation.

CENTENNIAL SURGERY.

Dr. A. Garcelon, of Maine, read an address on the Progress of Surgery during the past century. He remarked that in 1776 this country was so sparsely settled, and only two cities having a population of over twenty thousand inhabitants, that but few men of high scientific attainments could find employment for their skill. Under such circumstances ignorance and empiricism prevailed. A half century later we had made but little progress. The establishment of medical schools and hospitals and the publication of medical journals followed the commencement of the present century, and the War of 1812 imparted to them an additional stimulus. Since 1800 the number of these had increased with great rapidity, and the schools now numbered not less than one hundred, besides a large number of preparatory schools. Although many of the graduates of these institutions ranked as the peers of those of any age or country, and as practical operative surgeons they have no known superiors, it was quite evident that the present system of college instruction, if continued, would effectually undermine such a reputation. The lax laws in reference to graduation were next alluded to, and a greater restriction of graduating privileges was earnestly urged.

UNIFORMITY OF MEDICAL OBSERVATION AND NATIONAL MEDICAL CONGRESS.

Dr. Edward Seguin, of New York, made the following report:

For several years the American Medical Association has given its support to a measure of great interest for those who have at heart the advance of physic—namely, the establishment of uniform means of observation, and of medical records, for the physicians of all countries. This action of the American Medical Association has been expressed by the adoption of successive resolutions, and by the sending of delegates charged with the mission of advocating this reform: in 1873 to the British Medical Association,

meeting in London, and to the French Association for the Advancement of the Sciences, meeting at Lyons; in 1874 to the British Medical Association, meeting at Norwich, and to the French Association for the Advancement of the Sciences, meeting at Lille; in 1875 to the International Medical Congress, meeting at Bruxelles. In 1876 (next September) the same congress will meet in this very place; and now the American Medical Association is called to decide what position it will assume in this matter.

Will it recede from its former position, and leave the task to second-hand promoters, or will it continue its initiative before the International Council? This is not only a question of pride for the Association; it is also one of justice due to the American physicians at large. If the constitution and by-laws of this Association prescribe an annual transfer of its meetings from one part to another of this vast country, it is to give us opportunities to study and express the wants of the whole profession. Of these wants none has been found more deeply felt than the one of partaking, as givers and receivers, in the discoveries of our art. But this want is not ours alone; it is universal; and the American Medical Association will deserve the thanks of all for having planned and carried into execution the most important instrument of internationalization of the medical progress.

Therefore the Association resolves to charge its delegates of former years to continue to advocate the uniformity of means of observation before the various medical societies, and particularly at the next International Medical Congress, and report next year what success they will have met.

Drs. Seguin and Bowditch were appointed additional delegates to the International Congress.

REPORTS OF TREASURER, PUBLICATION AND LIBRARY COMMITTEES.

The report of the treasurer showed that there was an unexpended balance of \$4,577.07 in his hand to date.

The report of the Committee of Publication stated that of the volume of the Transactions for 1875 nine hundred and fifty copies were printed, at an aggregate cost of \$2,000. Of these 883 copies have been distributed to members, 28 to medical journals and societies, leaving 39 on hand.

The report of the librarian stated that during the past year there had been added to the library 124 distinct titles, exclusive of yearly volumes of transactions of societies, reports of hospitals and boards of health, and volumes of medical journals, where these have been previously catalogued as distinct titles. This addition makes the library consist at present of 630 distinct titles, which comprehend 1,514 volumes, including pamphlets.

The report of Dr. C. C. Howard, delegate to the

Brussels International Medical Congress, held in September last, was presented, and referred to the Committee on Publication.

A sketch, prepared by Prof. Hailes, of the life of Dr. Armsby, of Albany, N. Y., was, on motion, referred to the Committee on Publication.

The meeting then adjourned until 9.30 A.M. on Thursday.

The afternoon was occupied in the meeting of the different sections.

In the evening a lecture was delivered by Prof. George F. Barker, M.D., of the University of Pennsylvania, on the "World of the Seen and the Unseen." After explaining some of the phenomena connected with optical delusions and showing how scientific investigation was passing into a field where the senses were absolutely insufficient to search, the lecturer gave a number of illustrations, showing the methods of investigation into matters beyond the reach of the senses, as sound and light, many of which were very beautiful and elicited great applause.

THIRD DAY, THURSDAY, JUNE 8.

Horticultural Hall having proved inadequate to the requirements of the meeting, Kiralfy's Alhambra Palace was selected for this morning's session. The meeting for this day was accordingly called at that place, and commenced, pursuant to previous adjournment, at 9.30 A.M., President Dr. J. Marion Sims in the chair.

REGISTRATION AND MEMBERSHIP.

On motion, the resolution of the day before, that all persons whose names are at present on the roll shall be voted members, was reconsidered, and it was agreed, after some discussion, that the roll of members, amounting to some 730 names, be called. In accordance with this desire the Secretary began calling the roll, and continued to do so until ten o'clock, when the hour arrived for the reading of the Address on Obstetrics, by Dr. S. C. Busey, of Washington, D. C.

On the conclusion of the reading Dr. J. L. Atlee moved that the address be referred to the Committee on Publication, for publication, and discussed at the next meeting of the session on Obstetrics. Adopted.

The effort was then again made to do away with the reading of the roll, but unsuccessfully. The motion occasioned considerable discussion.

MICHIGAN STATE SOCIETY AND DELEGATESHIP.

On the reading of the roll, at the name of a delegate from the State Society of Michigan, the delegate was objected to, as coming from a society against which charges were pending. At this juncture the report of the Judicial Council, signed by Dr. Benham, chairman, recommending that the delegates from Michi-

gan State Society be received, was presented. The report was applauded and the reading of the roll was continued.

MEMBERS IN ABSENTIO.

At the name of Dr. Thomas J. Griffiths, of Louisville, an objection was made that he was not or had not been present, and the secretary was requested to strike his name from the roll if the objection should be found, on inquiry, to be well founded.

FEMALE REPRESENTATION.

On the reading of the name of Sarah Hackett Stevens, representing the Illinois State Society, Dr. Brodie, of Detroit, moved that that and all such names be referred to the Judicial Council. A motion that this resolution be laid upon the table was carried by a large vote, amid considerable applause.

The president asked if the vote was intended to recognize her right to a seat, when loud cries of "Yes," and cheers, emphatically answered the question.

Dr. Toner, of Washington, moved that the roll as read be confirmed, with the exception of the objections taken.

THE QUESTION OF PATENTS IN MEDICINE.

A resolution providing that it was not derogatory in any physician to take out a patent for a surgical instrument of any kind, was referred to the Judicial Council.

THE M'DOWELL MEMORIAL FUND.

Dr. Keller, of Kentucky, on behalf of the trustees of the fund for a monument to the late Dr. McDowell, of Kentucky, reported a recommendation for an increase of one dollar each year in membership dues, the amount thus raised to go to said fund.

Dr. Toner stated that the resolution so recommending would have to lay over one year, under the rules. He hoped, however, that the rules would be waived for this purpose by unanimous consent.

Objection was raised and a motion to lay the resolution on the table was agreed to.

Dr. Toner moved that \$1,000 be appropriated out of the funds of the Association for the McDowell fund.

Dr. Howard moved the point of order that it was a rule of the Association that no new business should be transacted except on the first and fourth days of the session of the Association, and hoped the rules would not be departed from. The chair decided the order well taken, and the motion of Dr. Toner was declared out of order.

Dr. Sims said he was as anxious as any one to secure the money asked for, but after conversation with gentlemen around him he was satisfied the subject could not be discussed to-day. The Association would have to defer action until to-morrow.

Dr. Henry A. Martin, of Boston, moved that a committee be appointed by the chairman to take into consideration the subject of bovine vaccination as compared with the usual arm to arm practice, to report at the next annual meeting. The motion was adopted, after which the Association adjourned till 9:30 A. M. on Friday.

The sections held their usual meeting in the afternoon and completed the business before them.

The evening was spent on the part of the members in responding to invitations to the receptions of the following Philadelphia physicians and surgeons: Drs. D. Hayes Agnew, J. Solis Cohen, Louis A. Duh-ring, H. Lenox Hodge, John H. Packard, William H. Pancoast, William Pepper, and Ellwood Wilson.

FOURTH DAY, FRIDAY, JUNE 9.

The closing session of the Association was held in Horticultural Hall, and was called to order by the president at 9:30 A. M.

A charge against the State Society of Illinois was referred to the Judicial Council.

THE GRADUATION OF "IRREGULAR" PERSONS.

Dr. Toner, of Washington, offered the following, which was unanimously adopted:

Resolved, That members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine, are deemed thereby to violate the spirit of the ethics of the American Medical Association.

STATE BOARDS OF HEALTH IN EXISTENCE.

Dr. W. B. Atkinson, the secretary, presented a report which stated that in obedience to the resolution adopted at the session of 1875 he reports that in reply to his inquiries he is informed that boards of health exist in Alabama, California, Georgia, Massachusetts, Michigan, Minnesota, Virginia, and Wisconsin. He had written to the Governors of Delaware, Indiana, Iowa, Nebraska, New Jersey, New York, South Carolina, Texas, and Vermont with almost negative results.

CATALOGUE OF NATIONAL LIBRARY.

Dr. H. C. Wood, of Philadelphia, offered the following, which was adopted:

Resolved, That a committee of three be appointed by the chair to obtain from Congress an appropriation for the publication of the Subject Catalogue of the National Library, and that the state societies are requested to take such action as may be deemed fit to further said object.

OFFICERS ELECTED FOR 1877.

The Nominating Committee next presented the following report through their chairman, which was duly adopted:

President—Dr. Henry J. Bowditch, of Massachusetts.

Vice Presidents—Dr. N. J. Pittman, of North Carolina; Dr. Franklin Staples, of Minnesota; Dr. Joseph R. Smith, of U. S. Army; Dr. Samuel C. Busey, of Washington, D. C.

Treasurer—Dr. Casper Wister, of Pennsylvania.

Librarian—Dr. William Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary—Dr. J. H. Hollister, of Illinois.

Committee of Arrangements—Drs. N. S. Davis, J. W. Freer, H. A. Johnson, T. D. Fitch, H. W. Jones, Joseph P. Ross, Leslie Curtis.

Committee of Publication—Dr. W. B. Atkinson, chairman; Dr. T. M. Drysdall, Albert Fricke, Sam'l D. Gross, Casper Wister, Richard J. Dunglison, all of Pennsylvania; and Dr. Williams, of District of Columbia.

Next place of meeting—Chicago, Ill.

Time of meeting—First Tuesday in June, 1877.

Judicial Council—Drs. N. S. Davis, of Illinois; E. L. Howard, of Maryland; W. O. Baldwin, of Alabama; H. W. Dean, of New York; A. N. Talley, of South Carolina; J. P. Logan, of Georgia; and D. W. Stormont, of Kansas, in place of the seven whose terms expire at this meeting. The rest of the present council continue.

Committee on Prize Essays—Dr. N. S. Davis, Illinois, chairman; Edmund Andrews, E. Ingalls, Moses Gunn, E. P. Cook, all of Illinois.

Special Committee on Influence of Climate in Pulmonary Diseases in Florida—Dr. E. T. Sabal, continued.

DELEGATES TO INTERNATIONAL MEDICAL CONGRESS.

Delegates to the International Medical Congress to be held September 4, 1876, at Philadelphia; Drs. H. I. Bowditch, Massachusetts; E. Seguin, New York; Thomas L. Maddon, Iowa; J. S. Welford, Virginia; A. Dunlap, Ohio; John T. Hedgen, Mo.; Joseph Carson, Pa.; John C. Dalton, N. Y.; W. O. Baldwin, Ala.; D. W. Yandell, Ky.; N. S. Davis, Ill.; Austin Flint, sr., N. Y.; T. G. Richardson, La.; W. F. Westmoreland, Ga.; A. M. Pollock, Pa.; Frank Hastings Hamilton, N. Y.; G. M. Bemiss, La.; L. A. Dugas, Ga.; Francis Bacon, Conn.; Hunter McGuire, Va.; A. G. Shortleff, Cal.; E. M. Moore, N. Y.; O. W. Holmes, Mass.; G. A. Otis, U. S. Army; F. E. Gunnell, U. S. Navy; E. C. Harwood, New York.

SALARY OF THE PERMANENT SECRETARY.

On the motion of Dr. J. L. Atlee, of Lancaster, the salary of Dr. W. B. Atkinson, the permanent secretary, was made \$1,000 for the past year.

THE NECESSITY FOR STATE BOARDS OF HEALTH.

Dr. Bell, of Iowa, offered the following, which was adopted:

Resolved, That there be appointed a committee of three persons, members of this Association, in each of those states where there has been no action taken for the establishment of boards of health, to urge upon those states the necessity of the establishment of such boards.

LIST OF REPUTABLE MEDICAL COLLEGES ASKED FOR.

A communication was read from the Centennial Commissioners from Victoria, asking information as to the list of medical colleges in good standing in this country.

A motion was made to refer it to the Judicial Council.

Dr. Busey said the Judicial Council did not have the right to determine the standing of any college.

Dr. Frothingham, of Michigan, said the quarrels about the colleges were a disgrace to the profession.

On motion of Dr. Toner, the whole matter was laid on the table.

CLOSING ADDRESSES.

The newly-elected president, Dr. H. I. Bowditch, of Massachusetts, was then conducted to the chair, and Dr. Sims, the retiring president, delivered his farewell address. He said the work transacted during the past three days would exhibit to science a record of progress greater than ever before. At this meeting many familiar faces had been missed. Francis Gurney Smith, who had served them long and faithfully, was abroad to recuperate his shattered health.

The absence of so many of our Southern brethren was not due to any lack of interest in the proceedings. He thanked God that the day of strife had been passed, and passed forever. Where there had been bitterness and hate, now there was kindness and affection. What higher proof could there be of this than the election of a man educated at the South? At this time Massachusetts and South Carolina can join hands. (Dr. Sims then clasped the hand of the newly-elected President, Dr. Bowditch, the act being received with shouts of applause.)

Dr. Bowditch then addressed the Association, and said the place had sought him and not he the place. He deemed it a special honor to occupy the position in this Centennial year. In conclusion he returned his sincere thanks.

Dr. Grissom, of North Carolina, thanked Dr. Sims for his remarks.

THE UNITED STATES PHARMACOPEIA.

Dr. E. R. Squibb, of Brooklyn, N. Y., remarked upon the practicability of revising the Pharmacopœia,

after which he offered the following, which were adopted:

Whereas, The usual time for a decennial revision of the United States Pharmacopœia is drawing near; and

Whereas, The plan of revision and publication in force since 1820 may not now be the best that could be devised; therefore, be it

Resolved, That the American Medical Association take the whole subject of the National Pharmacopœia into consideration for a revision of its management, and for the present time, with especial reference to the following questions:

First—Whether the present plan of decennial revision and publication be practically sufficient for the needs of the Materia Medica and Pharmacy of the present time, and if not sufficient, whether a plan could be devised which might offer probable advantages enough to justify an attempt to disturb the present one.

Second—Whether this Association be the proper custodian in this country of the interests involved in the National Pharmacopœia; and if it is the proper source of the National Codex, whom can it invite to co-operate with it in the work?

Third—If it be a work for this Association, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

Resolved, That in order to facilitate mature and general deliberation upon so important a subject, the final discussion of these resolutions be laid over at least one year; and that the matter be recommended to the President of this Association for consideration in his annual address for the meeting of 1877.

On motion, the thanks of the Association were returned to the Messrs. Kiralfy, proprietors of the Alhambra Theater, for the loan of their beautiful building on Thursday.

The Association then adjourned *sine die*.

—New York Medical Record.

Reviews.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia, etc. Philadelphia: J. B. Lippincott & Co.

This is the first fasciculus of an Atlas of Skin Diseases, which is to be followed by eight or nine more. It is printed on a large quarto page, of extra heavy paper, with clear

type, and contains four chromo-lithographs on Bristol, illustrating eczema erythematosum, psoriasis, lupus erythematosus, and syphiloderma pustulosum, with accompanying explanatory text. The drawings were made from nature, by Mr. Hermann Faber, who acquired such reputation in his work connected with the publications of the Medical Bureau of the Surgeon-general's Office. The chromo-lithography is by Mr. F. Moras, the celebrated artist. The letter-press is of the highest style of the Messrs. Lippincott's art.

We are glad to announce the commencement of this important work. Heretofore we had to rely solely upon European books for illustrations of skin diseases; and leaving out of consideration the expense and difficulty of obtaining these, they do not contain altogether faithful representations of skin diseases occurring in this country, varying as these do under the influences of climate and customs. This is an American atlas, showing cutaneous disorders as they manifest themselves in this country, and as such is invaluable to the American practitioner. The work is eminently practical in its character. Typical cases of each disease are taken, and the chromo-lithographs which represent them are of nearly life-size, and startlingly life-like in appearance. The accompanying text gives a plain narrative of the case presented, and relates in the simplest manner possible its diagnosis and treatment. The author leaves to his previous treatise upon diseases of the skin the discussion of minute questions.

Prof. Duhring's rank as a dermatologist is too well known to be dwelt on. He has given us in his atlas his most important work, inasmuch as it renders the study of skin diseases not only comprehensible, but attractive to the general practitioner.

The edition of the work is limited, and the lithographic drawings will be effaced after the first printing. Subscriptions will be received by the publishers, medical booksellers generally, and special agents. The price is two dollars and a half per part.

Correspondence.

IMPURE ICE.

In the issue of your journal for June 17th of this year the valuable report of Dr. A. H. Nichols of the outbreak of an intestinal disorder which occurred during the month of July, 1865, at a hotel at Rye Beach, N. H., and which could justly be attributed to the contamination of the drinking-water by means of impure ice, has been called to the attention of the profession with the emphasis that it justly deserves, but I regret to see that the entire facts of the case are not given, and that the fact which, in my opinion, is the most important has been entirely overlooked.

This report is to be found upon pages 467-472 of the seventh annual report of the Massachusetts State Board of Health, and I would ask the attention of your readers to the description of the topography of the pond from which the contaminated ice in question was taken (p. 469):

"This pond is a flooded marsh of irregular outlines, about two thirds of a mile in length, and varying in width from 200 to 800 feet, with a uniform depth of about two feet," etc., etc.

It is shown that the pond was supplied by a small brook, that brought down the sawdust from two saw-mills, and which entered the lower end of the pond, and that in front of the mouth of this brook was a bank of marsh mud and decomposing sawdust, 500 feet long and 150 feet wide; that the water near this bank was of a black color, and when stirred up emitted an intolerably offensive odor. The pond had no outlet save by percolation through a bank of gravel.

My object in this communication is to advance the thought that the entire secret of the impurity of this ice supply is to be found in the fact that it was cut from a shallow pond filled with impure water. So far as my memory serves me, no one since the day that Faraday announced the fact that water in freezing deposits nearly all of its constitu-

ents, and that the unfrozen portion contains the impurities that may have been contained in the water, ever imagined that ice could be free from impurities, if it be taken from a pond having a uniform depth of but two feet, said pond having been filled with impure water, and the ice harvested during the rigors of a New England winter. The assertion that I have always seen, and which I have had occasion to repeat, is that ice is one of the purest forms of water, when taken from a deep river, lake, or pond.

The report of Dr. Nichols is "well written and very timely," but he has certainly overlooked one important fact, which is rather to be wondered at, since he has been at the pains to secure a comparison of the numerical results of analyses of the ice taken from the pond at Rye Beach and the ice supplied by the Boston Ice Company; the one from a pond but two feet in depth, the other from deep water; the first showing a total solid residue at 212° Fahr. in parts per 100,000 of 13.52, and the latter of but 0.76.

It is certainly strange that some observers will not develop all the points of any matter under consideration, and that so frequently we find important facts suppressed in order that a "theory" may be advanced.

It is very safe to assert that ice taken from deep water may be used with impunity, whilst ice taken from any shallow pond should always be viewed with suspicion.

ELY M'CLELLAN, A. S. U. S. A.

Selections.

DANGERS OF ABSORPTION OF CARBOLIC ACID.—

The carelessness with which non-professional journals take up certain popular receipts is not always without its dangers, and especially since these often come into the hands of children. For instance, there appeared lately in one of the public prints an article upon the poison of vipers, which recommended that carbolic acid should immediately be introduced within the wound, the acid to be mixed with alcohol in the proportion of two to one. Observe the off-hand manner in which a toxic agent is spoken of, as if it

were the most inoffensive thing in the world. In order to try the experiment a cat was selected, upon whose skin, denuded of hair alone, a saturated solution of carbolic acid in alcohol, with an equal quantity of water, was rubbed. This produced no effect; but when the same solution was rubbed into a scratch upon the nose two or three times, the animal immediately fell into convulsions, and very shortly succumbed. Prussic acid could not have acted more promptly. The moral of this experiment is obvious.—*Medical Times*.

PRESERVATION OF LEECHES.—A correspondent of the *Pharm. Journal* says: "Salicylic acid appears to be a favorite in the hands of some for preserving leeches. Others are not so satisfied with its action. A prolonged trial is the only reliable way of coming to a conclusion. Meantime, have any tried the use of iron in the water? An old bit of chain or any iron article or articles will do. I have for these four or five years been indebted to this means for keeping my leeches in a state of health and condition perfectly surprising, the water and glass jar remaining at times untouched for six weeks without a casualty. My sale is very small and intermittent. The conditions I observe are (1) rain-water, (2) a glass jar, (3) plenty of light and as little disturbance as possible."

PETROLEUM IN THE TREATMENT OF SKIN DISEASES.—Dr. Maccormac recommends petroleum for porrigo and favus in preference to other remedies. The plan of treatment, so far as the scalp is concerned, is to clip or shave the hair closely. One part of petroleum is to be added to two of lard. This ointment should be applied gently, but thoroughly, once or twice a day. In cases that have been neglected poultices of bread or linseed meal should be used before applying the ointment. After the application a piece of dry, soft linen rag may be laid on, and over all a clean linen cap. Before the next application of the ointment the head must be cleansed with black or fish soap and warm water.—*The Practitioner*.

NEW SOLVENT FOR SALICYLIC ACID.—M. Rozsyay states, in a communication to the *Pharm. Centralhalle*, that he has found in the sulphite of soda an agent which increases the solubility of salicylic acid, as well as its antiseptic properties. One part of salicylic acid, with the addition of two parts of sulphite of soda, dissolves in fifty parts of cold water, and forms a clear solution, which is not in the least degree irritating to an open wound. As a disinfectant he uses one part of the acid with from one to two parts of the sulphite of soda in from fifty to a hundred parts of water.—*Med. Chir. Centralbl.*

